

**CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 07/17)**

1. CIR./DIST./DIV. CODE	2. PERSON REPRESENTED Julio Medina			VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>25-cr-54</b>	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) <b>U.S.-v.-Julio Medina</b>		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal <input type="checkbox"/> Other	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) <b>CC</b>
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> <b>Title 18, United States Code, Sections 1349 and 3551 et seq-Wire Fraud Conspiracy</b>				
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS  <b>305 Broadway Suite 602 New York, NY 10007</b>		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel		
Attn: Donald DuBoulay  Telephone Number : _____  (718) 330-1257		Prior Attorney's _____ Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)/  <i>/s/ Rachel P. Kovner</i> Signature of Presiding Judge or By Order of the Court		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)  <b>He was appointed to advise the Defendant pursuant to Curcio.</b>		7/30/2025 Date of Order      Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>CLAIM FOR SERVICES AND EXPENSES</b>				
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS
15. In Court				
a. Arraignment and/or Plea			0.00	0.00
b. Bail and Detention Hearings			0.00	0.00
c. Motion Hearings			0.00	0.00
d. Trial			0.00	0.00
e. Sentencing Hearings			0.00	0.00
f. Revocation Hearings			0.00	0.00
g. Appeals Court			0.00	0.00
h. Other (Specify on additional sheets)			0.00	0.00
(RATE PER HOUR = \$ )		TOTALS:	0.00	0.00
16. Out of Court				
a. Interviews and Conferences			0.00	0.00
b. Obtaining and reviewing records			0.00	0.00
c. Legal research and brief writing			0.00	0.00
d. Travel time			0.00	0.00
e. Investigative and other work (Specify on additional sheets)			0.00	0.00
(RATE PER HOUR = \$ )		TOTALS:	0.00	0.00
17. Travel Expenses (lodging, parking, meals, mileage, etc.)				
18. Other Expenses (other than expert, transcripts, etc.)				
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>			0.00	0.00
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____		23. IN COURT COMP.      24. OUT OF COURT COMP.      25. TRAVEL EXPENSES      26. OTHER EXPENSES      27. TOTAL AMT. APPR./CERT. \$0.00		
		Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.		
Signature of Attorney _____		Date _____		
<b>APPROVED FOR PAYMENT</b> <b>COURT USE ONLY</b>				
28. SIGNATURE OF THE PRESIDING JUDGE		DATE		29. IN COURT COMP.      30. OUT OF COURT COMP.      31. TRAVEL EXPENSES      32. OTHER EXPENSES      33. TOTAL AMT. APPROVED \$0.00
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>		DATE		34a. JUDGE CODE